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EDITORIALS

THE C. M. A. AND THE YEARS 1929 AND 1930

Greetings.—Another calendar year has come to its close, and a new year—1930—has been ushered into existence. CALIFORNIA AND WESTERN MEDICINE again has the privilege of extending the felicitations of the season to its readers, and of expressing the hope that 1930 will be a year of progress for organized medicine in the states of California, Nevada and Utah, and of satisfactory achievement for the members of the medical associations of those commonwealths.

At this time when resolutions for the new year are the order of the day, it may be proper also to dwell for a few moments on some of the aims which were realized in 1929.

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California Medical Association Incorporation. The California Medical Association by vote of more than two-thirds of its members has approved the recommendations of the Council and of the House of Delegates that it be incorporated in accordance with the resolutions passed at the last annual session at San Diego. This *fait accompli* should be gratifying to the entire membership of the Association. It is particularly pleasing to the members of the Council, who have given much thought and study to the subject during the last several years and who are convinced

that this incorporation will make for a more substantial association permanency and for greater developmental progress than would otherwise have been possible.

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Revised Constitution and By-Laws.—Closely identified with the incorporation of the California Medical Association was the revision of the constitution and by-laws of the Association. A copy of the new rules of procedure has been mailed to all members of the California Medical Association. Any member who has not received a copy is requested to notify the central office at San Francisco.

This revised constitution and by-laws has attracted the attention of the national and of other state associations, and at the annual conference of state society secretaries and editors which was held at the American Medical Association headquarters at Chicago in November last, the editor of this journal was invited to read a paper on the subject. It is our belief that these new rules of procedure will not only work for the advancement of the California Medical Association, but that a considerable number of the provisions will commend themselves to other state medical organizations as being worthy of adoption. The changes which were incorporated are those which past experience suggested. Through these new rules the transaction of association and organization business should be made more easy and more effective.

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Woman's Auxiliary of the California Medical Association.—The year 1929 saw the founding of a "Woman's Auxiliary of the California Medical Association." In some other states, such organizations have proved to be of real value. Scientific medicine needs the coöperative aid which can come through such auxiliaries. Whatever makes for better understanding among physicians and their families makes for better organization. Nowadays women's clubs exercise a strong influence on civic affairs. The families of physicians have a natural interest in public health problems. A state Woman's Auxiliary of the California Medical Association, composed of component county woman's auxiliaries, can become a real factor in promoting public health work. The basic rules which were laid down for this new organization in relation to the state and component county medical societies, should make it possible for work to be carried on, not only without friction, but to the great advantage of the aims of organized medicine.

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The Coffey Plan.—For want of a better name, the studies which for some time have been carried on by the Council and certain standing committees of the California Medical Association, and bearing on the evolution of a plan which aims to bring efficient medical and surgical service to that large group of citizens who are in what might be called certain portions or strata of the great middle class of our population, while at the same time safeguarding the standards and interests of

scientific and organized medicine and of individual practice as it exists today, are referred to as the "Coffey Plan." As has been previously stated in this column, Dr. Walter B. Coffey of San Francisco submitted a plan designed to accomplish ends such as the above, as a working basis for further studies. He is not committed to his tentative outline nor are the members of the Council committed to it. But it serves as a good starting basis for further study and investigation.

The problem is a most difficult one, and if California can solve it in good part, and in such manner as to accomplish the ends noted in the previous paragraph, it will be very much to the credit of the California Medical Association. The members of the Council are colleagues who have had long experience in private and institutional and organization medical practice, they are men who are practical and of good judgment of values, and their studies should make for progress in the solution of some of these very vexing problems which have been thrust before us, through the great changes which in recent years so unexpectedly have taken place on so broad a scale in the ways and standards of living of very many of our lay fellow citizens.

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Possible Revision of Medical Practice Act.—

A large special committee, with a San Francisco group, a Southern California group, and an At-large group, has been appointed to make a special study of the Medical Practice Act of California. If the studies of this committee lead to nothing more than endorsement and codification of the present provisions of the Medical Practice Act, that in itself would be worth the while. The studies, however, should lead to more than that. These medical practice laws are the legal standards which are laid down for the guidance of medical men and women. Such statutes should conform to the highest standards of scientific medicine, and should make for the best possible protection of the public health, as well as of the interests of the medical profession. The members of that profession, through many years of service in county and other public hospitals, have placed the citizens of California under heavy obligation for the gratuitous work so altruistically given. Because of the generous service which was and is so gladly and efficiently given, the medical profession is especially worthy of consideration when its members put forth legislative suggestions designed to better protect the health of the people and to promote the material and cultural interests of our commonwealth. In making these statements we are not boasting. We are simply calling attention to a record of service which, because of a foolish modesty or oversensitiveness on the part of the medical profession, has permitted the lay public to accept the same as a matter of course and often without any sense of appreciation.

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Possible Basic Science Law for California.—

The last several decades have witnessed, especially in California, the legal recognition of such

a considerable number of cultist practitioner groups that some members of the profession have acquired the habit of thinking that all remedial legislation to curb such deplorable introduction of low educational and professional standards, as it is usually found to exist in new cultist groups, is quite hopeless. Such attitude of resignation to an evil is neither necessary nor proper. It is quite possible that in the past our profession has approached the solution of certain of these cultist medicine problems by the wrong routes. There is a safe groundwork upon which can be built legitimate opposition to cultist or low standard healing art practice. That groundwork rests upon the axiomatic principle that all intelligent citizens concede and agree that a certain amount of preliminary education, as well as professional training, should be possessed by every practitioner of the healing art who seeks a legal sanction to practice and to have under his custodianship, the health and lives of lay fellow citizens who come to him in good faith.

A high school education is conceded by all persons to be a very legitimate preliminary minimum, as regards education, which should be necessary to professional training proper. The value of a high school preliminary education is this, that it will increase the difficulty for cultist promoters of the future, through inability to obtain a sufficiently large number of disciples having a full high school education, to profitably launch their cultist movements. With only a small group of adherents in their first student bodies, it should be possible in the future to keep such as yet unborn cultist and low standard educational groups from receiving legal recognition. A proper basic science law will make it easier to accomplish this beneficent result for the citizens of California. Therefore the special committee referred to in the comments on the California Medical Practice Act will also study basic science laws.

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Standing Committees of the California Medical Association.—

Chapter V of the new by-laws deals with standing committees. A directory of standing committees is printed in every issue of CALIFORNIA AND WESTERN MEDICINE (see front cover index under Miscellany). The attention of members of such committees is called to this Chapter V of the by-laws, in which is outlined the organization work to be covered by each committee. All standing committees should be active agents in promoting the welfare of the California Medical Association. Section 21 of Chapter V specifies that a written report must be submitted annually by every standing committee so that the same may be printed in the "Preconvention Bulletin" for the information of members of the House of Delegates. Members of standing committees are therefore requested to read Chapter V and to get their work under way so that reports may be ready for the Del Monte session of the House of Delegates. The central office of the

Association in such work is at the service of all committees, and invites correspondence and offers its full coöperation.

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Last, But Not Least, the Year 1930 Is a State Election Year.—This caption is presented to remind us of our individual civic obligations to be interested in the complexion of the next state legislature, many of whose assembly and senate members will be elected in the fall of 1930. These particular lay fellow citizens who will have legislative powers should be contacted at an early day and an intelligent effort made to acquaint them with the viewpoints of physicians as regards maintenance of proper standards in medical licensure and in public health activities. It is not fair to criticize members of the assembly and senate when they vote in opposition to the maintenance of such standards if we have made no previous attempts to acquaint them with medical problems which may come before them, and to inform them why we hold certain opinions thereon. The medical profession does sufficient service in the protection of the public health of California to merit careful consideration of its viewpoints. Legislators will be found to be glad to give such consideration if proper contacts are made from the beginning. Every member who knows a state assemblyman or state senator or a prospective state assemblyman or senator may well cultivate such acquaintanceship or friendship, for it later on might be of real value in the protection of public health interests. In responsibilities such as this every member of the California Medical Association can be of service. The officers of the Association can only act for and speak on behalf of their fellow members.

NEW COUNTY SOCIETY OFFICERS—SOME OF THEIR PROBLEMS

The New Year Brings New County Officers.—Once again, at the beginning of this new year, most of the component county societies of the California Medical Association will find themselves taking up their meeting and other work under new groups of officers. Some of these officers will have gone through the apprenticeship of other society positions of responsibility, and especially if they have functioned as secretaries of their societies they will be able to have a somewhat intimate knowledge and judgment of county society work and needs. It is well, however, no matter how great our past experience may have been, at the beginning of work that will cover the program of a calendar year, to make somewhat of a survey of the objects which a county society should seek to accomplish. On that account some of these aims, which in times past have been discussed in detail, will be here commented upon.

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Intensive and Extensive Functions of a County Unit.—The development of a county medical society may be said to fall under two major heads.

The one set of major activities are of an internal or intensive nature and have to do with

all those efforts which would bring to the members of the county society the most profitable association possible; while promoting the unity and good understanding of the members and so making for a component county society that will find its proper local place in the scheme of state and national expressions of organized medicine.

The other set of major responsibilities has to do with the outward or external work or extensive activities of a county unit. Here come up membership problems of nonaffiliated physicians, and contacts wherein the county society as an organization and through its members as individuals makes its influence felt in civic affairs and in lay and affiliated organizations.

That county unit will have the best record for progress whose officers visualize its problems in these two fields and who use intelligent and practical efforts to solve the same. The responsibility for successful or unsuccessful performance of a county society's activities for the year 1930 must necessarily rest upon the officers who by their fellows have been selected for positions of honor, because of the belief of their fellow members that as officers they would generously give of themselves in service to organized medicine.

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Medical Meetings Should Have a Twofold Nature, Scientific and Good Fellowship.—Medicine is a growing science. Its members seek the inspiration and stimulation which comes from consideration and discussion of the experiences and problems presented by colleagues. Therein lies the basis of the scientific programs of medical meetings.

Essayists should be of two classes: One, local members who present studies and problems concerned with local practice and with whom exchange of opinion, from the standpoint of local environment, makes for more efficient methods in practice; two, invited guest speakers. In California the component county societies, through the extension lecture department of the California Medical Association (see page 294 of the October 1929 issue), have an opportunity to bring to local society meetings colleagues from other cities who are prepared to present papers on a large number of scientific topics. County societies owe it to their own members from time to time to invite one or more of such guest speakers to their meetings. A perusal of the proceedings of some of the county units shows that they are alert to the advantages to be derived from such outside speakers. The program committees of every county society should hold a meeting at an early date and outline in fairly definite form the work to be covered in the scientific meetings, and what local and guest speakers are to be invited. A program committee which permits the scientific proceedings to rest on what may be called haphazard voluntary presentation of papers is not often in position to congratulate itself on having made a real effort properly to do its work.

Program committees should also appreciate that the development of good fellowship and of fine and generous understanding between mem-